CONTRACTED BEHAVIORAL HEALTH PROVIDER SERVICE EXPENSE DATA COLLECTION TOOL OVERVIEW

This document provides an overview of the Contracted Behavioral Health Provider Service Expense Data Collection Tool (the Tool), developed by MDHHS to support the behavioral health provider cost reporting requirements described in Medical Service Administration (MSA) Bulletin 21-39.

What is the purpose of the Tool?

MHDDS will use data collected via the Tool to understand contracted behavioral health provider costs and to support the annual calculation of Medicaid behavioral health comparison rates.

Who is required to complete the Tool?

Contracted behavioral health providers that receive more than \$1 million in Medicaid payments are required to complete the Tool. For the first reporting period, which will cover state fiscal year (SFY) 2022 and is due February 28, 2023, MDHHS will use SFY 2021 Medicaid payments to identify the providers meeting this participation threshold. Community Mental Health Service Programs (CMHSPs) and hospitals are excluded from these reporting requirements and do not need to submit the Tool to MDHHS.

Is the Tool the same for all providers?

No, there are different reporting requirements based upon the Medicaid revenue the provider received in <u>SFY 2021</u>, specifically:

- Providers receiving between \$1 million and \$5 million in Medicaid revenue will
 complete an abbreviated version of the Tool capturing basic provider contact
 information and high-level cost information related to Medicaid covered services.
 Costs include those related to direct care and supervisor staffing, employee-related
 expenses, transportation, and administration, which align with the comparison rate
 components.
- Providers receiving over \$5 million in Medicaid revenue will report the information described in the prior bullet at the cost center level as well as service units and direct minutes by cost center.

Why did I receive the draft Tool and instructions in October 2021?

MDHHS released the draft Tool for provider feedback on the usability of the Tool in October 2021, and included all providers that contract with CMHSPs and Prepaid Inpatient Health Plans (PIHPs). MDHHS did not restrict which providers received the draft Tool because the identification of providers with less than \$1 million in Medicaid revenue for SFY 2021 was not yet available.

Can I still provide feedback on the draft Tool?

Yes! Providers can send feedback on the draft Tool to BH.Provider.Survey@Milliman.com.

When will MDHHS release an updated Tool?

MDHHS will release an updated Tool to providers in February 2022.

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When is the Tool due?

The Tool is due to Milliman by February 28, 2023. Providers can email the completed Tool to BH.Provider.Survey@Milliman.com.

Will I receive training on how to complete the Tool?

Yes, Milliman will provide a training in March 2022. Milliman will also respond to provider questions and MDHHS will post a Frequently Asked Questions document on its website. Training dates and times will be announced when the updated Tool is released.

Thank you for your time and continued support of the MDHHS reporting efforts. Please email <u>BH.Provider.Survey@Milliman.com</u> and/or <u>HainesK@Michigan.gov</u> if you have any questions about the reporting requirements.